Iowa Ethics and Campaign



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Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A		ကား တွင့်	E FIBIC	S AMD	
Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTION DISCLOSURI	ONS, SEE BACK OF FORM E SUMMARY PAGE	MIA	PM 1.00	
COMMITTEE NAME (Must be	same as on Statement of Org	ganization)	1.U	10 4: 58	
Shuanehad	ck For Reco	CAOT		FORM	
IMPORTANT: Indicate by # type (1)Statewide/Legislative/Judge \$ (4)County Central Committee (5)	of committee you are reporting for Standing for Retention Candidate 3 )County Candidate (6) City Can	5	ical AC (	DR-2 (Rev. 07/2007) For Office Use On Comm. #	DISCLOSURE REPORT
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	)	Logged in	
Office Sought District (If Senate or House)			,		
SIGNATURE OF PERSON FILL  I AM FILING A DANGE	ING REPORT	641-843-5893 TELEPHONE		1-18-0 DATE S	
	port date)	REPORT FOR (1) ELECTION Indicate b		N-ELECTION YEA	AR,
UCHECK IF AMENDMENT TO	,			mmittees, enter Da	A STANDARD
Check if this is final (termina (You must continue to	ation) report and attach Notice to file reports until a DR-3 is file	of Dissolution Form DR-3. d.)	County & Local Committees, enter County in which Election is held		
STATEM	ENT OF CASH ON HAN	D			···
CASH ON HAND at the beginn committee. This amo of the last reporting pe	unt MUST be the same as the	otal of all funds held by the cash on hand at the end first report filed,)	\$	<u>a</u>	9.34
ADD TOTAL MONEY	TAKEN IN THIS PERIOD				
		dule A) (*also see in-kind below)			<del></del>
		e F)		-	<del></del>
		ach Schedule H)			<u> </u>
(Schedule H	applies to Candidates' Com	•			
<b></b>		SUB-TOTAL.	<b>s</b>	<u> </u>	7.34
	MONEY SPENT THIS PERIOR			_	n 2.1
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)					9.34
		ule F)			<u> </u>
ASH ON HAND at the end of	this reporting period (if final re	port balance must be zero)	\$		<del>}</del>
*UNPAID BILLS (From Sched	ule D - Attach Schedule D)	[44]	\$		
IN KIND CONTRIBUTIONS (F	rom Schedule E - Attach Sche	edule E)			
		ule F)			
ONSULTANT BREAKDOWN	(Schedule G Attached?)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			NO
ANDIDATE COMMITTEES OF	•		_		
ALUE OF CAMPAIGN PROPI	ERTY (From Schedule H - Atta	ach Schedule H)	\$.	$\Theta$	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

Los Caldy School Letter (G. R. 1801)
The state of the s

## SCHEDULE

В (Rev. 07/03)

MONETARY **EXPENDITURES** 

CHECK THIS BOX IF AMENDING FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATE, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Schu	anebect	K For Recorder		
DATE EXPENDED (MM/DO/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAMÉ AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# CK#	Jowa State Savings Bank	Bank Service Change	s 4.28
	ID# CK# 1013	u.s. Post office	Bank Service Charge Postage For Thank you cards	25.06
	ID#			
	ID# CK#		,	
	ID# CK#			

SUB-TOTAL

TOTAL (if last page of this schedule)

\$

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-ratising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(1).)

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